

Refusal of Hardship Considerations Process

I understand that I have been found ineligible to receive mental health/chemical dependency services funded by the Division of Mental Health and/or Division of Alcohol and Drug Abuse. I also understand that the Division of Mental Health and Division of Alcohol and Drug Abuse have policies in which all cases of ineligibility are reviewed for possible hardship considerations and, through this process, hardships that would make paying for services an undue financial stress are taken into account. The hardship consideration process has been explained to me, but I am declining to participate at this time. By signing this document, I hereby waive my right to the hardship considerations review and the entire appeals process.

Signature (Consumer or Parent/Guardian)

Date